

Texas 22 Art Competition Parent Permission Slip

Student Information

NAME _____ AGE _____
SCHOOL _____ GRADE _____
ART PIECE NAME _____ ART MEDIUM _____

Parent Contact

NAME _____ PHONE _____
EMAIL _____ SUBSCRIBE TO NEWSLETTER ☐
ADDRESS _____

I am allowing my child, _____, to submit their piece of art to the art competition. I am also allowing the office of Congressman Troy Nehls to post any photos of my child and/or their art for social media purposes.

X _____

PRINT NAME _____

Teacher Contact

NAME _____ PHONE _____
EMAIL _____

I certify that this is original artwork, and the student may submit this piece in association with the school.

X _____

PRINT NAME _____